

**(See page 2 for the layout).**

## ENCOUNTER MONTHLY DATA FILE (aka “Magic File”)

Field	Start	End	Length	Description/Notes
HP ID	1-6	6	6	
Contract Year	7	12	6	CCYYMM Format
Form Type	13	13	1	A – Med I, O, L – UB C – Drug D – Dental
HP Claim No	14	43	30	
Patient Account No	44	63	20	
Adjudication Status	64	65	2	
Service Begin Date	66	73	8	CCYYMMDD Format
Service End Date	74	81	8	CCYYMMDD Format
Primary AHCCCS ID	82	90	9	
Provider ID	91	97	6	
CRN	98	110	14	
HP Paid Amount	111	123	13	
<b>Filler</b>	<b>124</b>	<b>136</b>	<b>13</b>	<b>Not currently used</b>
MDC Paid Amount	137	149	13	Medicare Paid Amount
INS Paid Amount	150	162	13	Other Coverage Payment Amount
Bill Amount	163	175	13	BILL-AMT (FACL – TOT-BILL-AMT)
TSN	176	178	3	Tape Supplier Number
<b>Diagnosis 1</b>	<b>179</b>	<b>186</b>	<b>8</b>	<b>Increased from 6 bytes to 8 bytes in preparation for ICD10</b>
<b>Diagnosis 2</b>	<b>187</b>	<b>194</b>	<b>8</b>	<b>Increased from 6 bytes to 8 bytes in preparation for ICD10</b>
<b>Diagnosis 3</b>	<b>195</b>	<b>202</b>	<b>8</b>	<b>Increased from 6 bytes to 8 bytes in preparation for ICD10</b>
<b>Diagnosis 4</b>	<b>203</b>	<b>210</b>	<b>8</b>	<b>Increased from 6 bytes to 8 bytes in preparation for ICD10</b>
Contract Type	211	212	2	Does not apply to Drug
AHCCCS Allowed Amount	213	225	13	State Allowed Amount
<b>HP Approved Amount</b>	<b>226</b>	<b>238</b>	<b>13</b>	Reflects the net allowed amount less any - discounts, Other Third Part Insurance, penalties, etc.

**Age Limits**

The age limits have been changed for the CPT code 90473 (Immunization Administration By Intranasal Or Oral Route; 1 Vaccine (Single Or Combination Vaccine/Toxoid)) to Minimum age = 000 year and Maximum age = 999 Year.

**Code Changes**

- Effective for dates of service on or after August 1, 2012 the following changes are for the CPT codes below:

Code	Description	Provider Type 43	Place of Service 24	Modifier SG	Revenue Code 0490
27025	Fasciotomy, Hip or Thigh, Any Type	X	X	X	X
27006	Tenotomy, Abductors and/or Extensor(s) of Hip, Open (Separate Procedure)	X	X	X	X
57295	Revision (Including Removal) of Prosthetic Vaginal Graft, Vaginal Approach	X	X	X	

- Effective for the dates of service on or after January 1, 2013 the coverage code for the HCPCS code C9295 (Injection, Carfilzomib, 1 mg) has been changed to 01 (Covered Service/Code Available).
- Effective for the dates of service on or after January 11, 2012 the AHCCCS coverage code for the ICD-9 codes 33.71 (Endoscopic Insertion or Replacement Of Bronchial Valve(s) Single Lobe) and 33.73 (Endoscopic Insertion Or Replacement Of Bronchial Valve(s) Multiple Lobes) has been changed to Coverage Code 01 (Covered Service/Code Available).
- Effective for dates of service on or after January 1, 2012 the following changes are for the CPT codes below:

Code	Description	Provider Type 43	Place of Service 24	Modifier SG	Revenue Code 0490
92015	Determination of Refractive State	X	X	X	X
92018	Ophthalmological Examination And Evaluation, Under General Anesthesia, With Or Without Manipulation Of Globe For Passive Range Of Motion Or Other Manipulation To Facilitate Diagnostic Examination; Complete			X	X

- Effective for dates of service on or after January 1, 2012 the AHCCCS Coverage Code has been changed to 01 (Covered Service/Code Available) for the following HCPCS codes:

Code	Description
G0151	Services Performed By A Qualified Physical Therapist In The Home Health Or Hospice Setting, Each 15 Minutes
G0152	Services Performed By A Qualified Occupational Therapist In The Home Health Or Hospice Setting, Each 15 Minutes
G0153	Services Performed By A Qualified Speech-Language Pathologist In The Home Health Or Hospice Setting, Each 15 Minutes
S9128	Speech Therapy, In the Home, Per diem
S9129	Occupational Therapy, In the Home, Per Diem
S9131	Physical Therapy; In the Home, Per Diem

- Effective for the dates of service on the listed CPT codes below the following changes have been added to the CPT codes.

				Place of Service			
Code	Description	Effective Date	Provider Type (43)	22	24	Modifier SG	Revenue Code (0490)
27096	Injection Procedure For Sacroiliac Joint, Anesthetic/Steroid, With Image Guidance (Fluoroscopy Or Ct) Including Arthrography When Performed PT	January 1, 2012	X			X	
27727	Repair of Congenital Pseudarthrosis, Tibia	January 1, 2012	X	X	X	X	
44970	Laparoscopy, Surgical, Appendectomy	January 1, 2013	X		X		
88333	Pathology Consultation During Surgery; Cytologic Examination (e.g., Touch Prep, Squash Prep), Initial Site	November 1, 2012	X		X	X	X

**Note:** Provider Type 43 - Ambulatory Surgical Center  
 Place of Service 24 – Ambulatory Surgical Center  
 Place of Service 22 – Outpatient Hospital  
 Modifier SG – Amb Surg Center (ASC) Facility  
 Revenue Code – 0490 Ambul Surg

**Date Changes**

- The “Effective Ending Date” has been revised to 99/99/9999 for POS 11 (Office) for HCPCS Code G0166 (External Counterpulsation, Per Treatment Session).
- The “Effective Ending Date” has been revised to 99/99/9999 for the POS 20 (Urgent Care Facility) for CPT code 10180 (Incision and Drainage, Complex, Postoperative Wound Infection).

**Edits**

A650 - PCP SPECIALTY ENHANCED RATE SHOULD APPLY	A655 - PCP SPECIALTY ENHANCED RATE SHOULD NOT APPLY
Receipt Date: 8/23/2013	Receipt Date: 8/23/2013
Mode 1:	Mode 1:
Form Type: A (1500 Professional)	Form Type: A (1500 Professional)
Set to: "Y" Pend	Set to: "Y" Pend
Adj lvl: 80	Adj lvl: 80
Form Types: I, O, L, D	Form types: I, O, L, D
Set to: Off "N"	Set to: Off "N"

Mode 2 & 6 edits are set to "N" off for all form types.

Reinsurance mode 1, 2, 6:

Form Types: I, O, L, A, C, D

R396 DOS SPANS AHCCCS AND STATE ONLY ELIG/ENRL PERIODS	R397 NO AHCCCS OR STATE ONLY ELIG/ENRL FOR DOS
Receipt Date: 10/01/2012	Receipt Date: 10/01/2012
Mode 1:	Mode 1:
Form Types: I/P, O/P, LTC, A, C	Form Type: I/P, O/P, LTC, A, C
Set to: "Y" Pend	Set to: "Y" Pend
Adj lvl: 80	Adj lvl: 80
Form Type: D	Form Type: D
Set to: "N" Not Pend	Set to: "N" Not Pend

Mode 2 & 6 edits are set to "N" off for all form types.

Reinsurance mode 1, 2, 6:

Form Types: I, O, L, A, C, D

Set to: Off "N"

***Please note that the edits R396 and R397 apply to  
ADHS/BHS RBHA Encounters Only***

**Frequency Limits**

The Frequency Limit #1 on RF113 is now 3 L for the CPT Code 58615 (Occlusion Of Fallopian Tube(s) By Device (e.g., Band, Clip, Falope Ring) Vaginal or Suprapubic Approach)).

**Modifiers**

- Effective for the dates of service on or after January 1, 2013 the following modifiers can be reported on the codes below:

<b>Code</b>	<b>Description</b>
LC	Left Circumflex Coronary Artery
LD	Left Anterior Descending Coronary Artery
LM	Left Main Coronary Artery
RC	Right Coronary Artery
RI	Res To Site Of Trans/Ramus Interim Corn A

<b>Code</b>	<b>Description</b>
C9606	Percutaneous Transluminal Revascularization Of Acute Total/Subtotal Occlusion During Acute Myocardial Infarction, Coronary Artery Or Coronary Artery Bypass Graft, Any Combination Of Drug-Eluting Intracoronary Stent, Atherectomy And Angioplasty, Including Aspiration Thrombectomy When Performed, Single Vessel
92978	Intravascular Ultrasound (Coronary Vessel Or Graft) During Diagnostic Evaluation And/Or Therapeutic Intervention Including Imaging Supervision, Interpretation And Report; Initial Vessel (List Separately In Addition To Code For Primary Procedure)

- Effective for the dates of service on or after July 1, 2013 the modifier JE (Administered via Dialysate) has been added to the following codes:

Code	Description
A4802	Protamine sulfate, for hemodialysis, per 50 mg
C9121	Injection, argatroban, per 5 mg
J0610	Injection, calcium gluconate, per 10 ml
J0630	Injection, calcitonin salmon, up to 400 units
J0636	Injection, calcitriol, 0.1 mcg
J0670	Injection, mepivacaine HCl, per 10 ml
J0878	Injection, daptomycin, 1 mg
J0882	Injection, darbepoetin alfa, 1 mcg (for ESRD on dialysis)
J0886	Injection, epoetin alfa, 1000 units (for ESRD on dialysis)
J0890	Injection, peginesatide, 0.1 (for ESRD on dialysis)
J0895	Injection, deferoxamine mesylate, 500 mg
J1200	Injection, diphenhydramine HCl, up to 50 mg
J1205	Injection, chlorothiazide sodium, per 500 mg
J1240	Injection, demenhydrinate, up to 50 mg
J1270	Injection, doxercalciferol, 1 mcg
J1642	Injection, heparin sodium, (heparin lock flush), per 10 units
J1644	Injection, heparin sodium, per 1000 units

Code	Description
J1740	Injection, ibandronate sodium, 1 mg
J1750	Injection, iron dextran, 50 mg
J1756	Injection, iron sucrose, 1 mg
J1940	Injection, furosemide, up to 20 mg
J1945	Injection, lepirudin, 50 mg
J1955	Injection, levocarnitine, per 1 g
J2001	Injection, lidocaine HCl for intravenous infusion, 10 mg
J2150	Injection, mannitol, 25% in 50 ml
J2430	Injection, pamidronate disodium, per 30 mg
J2501	Injection, paricalcitol, 1 mcg
J2720	Injection, protamine sulfate, per 10 mg
J2795	Injection, ropivacaine HCl, 1 mg
J2916	Injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg
J2993	Injection, reteplase, 18.1mg
J2997	Injection, alteplase recombinant, 1 mg
J3364	Injection, urokinase, 5,000 IU vial
J3365	Injection, IV, urikase, 250,000 IU vial
J3370	Injection, vancomycin HCl, 500 mg
J3410	Injection, hydroxyzine HCl, up to 25 mg
J3420	Injection, vitamin B-12 cyanocobalamin, up to 1,000 mcg
J3487	Injection, zoledronic acid (Zometa), 1 mg
Q0139	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (for ESRD on dialysis)
Q0163	Diphenhydramine HCl, 50 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at time of chemotherapy treatment not to exceed a 48-hour dosage regimen
Q4081	Injection, epoetin alfa, 100 units (for ESRD on dialysis)
S0169	Calcitriol, 0.25 mcg



“Animals are such agreeable friends—they never ask questions, they pass no criticisms.”

George Elliot



- Effective for dates of service on or after January 1, 2012 the modifier 51 (Multiple procedures) has been added to the CPT Code 23405 (Tenotomy, Shoulder Area; Single Tendon) to the reference screen RF121.
- Effective for dates of service on or after January 1, 2013 the modifier 50 (Bilateral Procedure Pay 50%) has been added to the CPT code 36224 (Selective Catheter Placement, Internal Carotid Artery, Unilateral, With Angiography Of The Ipsilateral Intracranial Carotid Circulation And All Associated Radiological Supervision And Interpretation, Includes Angiography Of The Extracranial Carotid And Cervicocerebral Arch, When Performed).
- Effective for dates of service on or after January 1, 2013 the modifier SE (State/Federally-Funded Program/ Services) has been added to the HPCPS code H0046 (Mental Health Services, Not Otherwise Specified).
- Effective for dates of service on or after January 1, 2013 the modifier HW (Funded By State Mental Health Agency) has been added to the HCPCS code S9986 (Not Medically Necessary Service (Patient Is Aware That Service Not Medically Necessary)).
- Effective for the dates of service on or after January 1, 2013 the modifier SL (State Supplied Vaccine) can be reported on the CPT code 90460 (Immunization Administration Through 18 Years Of Age Via Any Route Of Administration, With Counseling By Physician Or Other Qualified Health Care Professional; First Or Only Component Of Each Vaccine Or Toxoid Administered).
- Effective for dates of service on or after January 1, 2012 the CPT code 27096 (Injection Procedure For Sacroiliac Joint, Anesthetic/Steroid, With Image Guidance (Fluoroscopy Or Ct) Including Arthrography When Performed)) can be reported with the modifier SG (AMB SURG CTR (ASC) Facility).
- Effective for dates of service on or after November 1, 2012 the modifier GN (Amb Hsp 2SNF/OP Speech Lang POFC) has been added to the CPT code 92633 (Auditory Rehabilitation; Post-Lingual Hearing Loss).
- Effective for dates of service on or after October 1, 2012 the modifier 78 (Return to OR for Related Procedure Post-OP) has been added to the CPT code 51102 (Aspiration of Bladder; With Insertion of Suprapubic Catheter).
- Effective for dates of service on or after January 1, 2012 the CPT code 93925 (Duplex Scan of Lower Extremity Arteries or Arterial Bypass Grafts; Complete Bilateral Study) can be reported with the following modifiers:

AS	PA SVCS for Assistant/At Surgery
80	Assistant Surgeon
81	Minimum Assistant Surgeon
82	Assist SURG/QUAL Resident Surg Not Avail
- Effective for dates of service on or after January 1, 2012 the modifier 51 (Multiple Procedures) has been added to the CPT code 23405 (Tenotomy, shoulder Area; Single Tendon) on reference screen RF121 (Valid OPFS Procedure Modifiers).

**Place of Service (POS)**

- Effective for the dates of service on or after January 1, 2013 the POS 23 (Outpatient Hospital) has been added to the CPT code 19000 (Puncture Aspiration of Cyst of Breast).
- Effective for dates of service on or after January 1, 2012 the CPT codes 27258 (Open Treatment Of Spontaneous Hip Dislocation (Developmental, Including Congenital Or Pathological), Replacement Of Femoral Head In Acetabulum (Including Tenotomy, etc.,)) and 27365 (Radical Resection Of Tumor, Femur Or Knee) can be reported with the POS 22 (Outpatient Hospital).

- Effective for the dates of service on or after January 1, 2012 the POS 22 (Outpatient Hospital) has been added to the CPT codes:

Code	Description
27258	Open Treatment Of Spontaneous Hip Dislocation (Developmental, Including Congenital Or Pathological), Replacement Of Femoral Head In Acetabulum (Including Tenotomy, Etc);
27365	Radical Resection Of Tumor, Femur Or Knee

- Effective for dates of service on or after January 1, 2013 the POS 11 (Office) has been added to the HCPCS code G0166 (External Counterpulsation, Per Treatment Session).
- Effective for the dates of service on or after January 1, 2013 the POS 22 (Outpatient Hospital) has been added to the HCPCS code J1050 (Injection, Medroxyprogesterone Acetate, 1 mg).
- Effective for the dates of service on or after January 1, 2012 the POS 22 (Outpatient Hospital) has been added to the CPT codes:
  - ◇ 90460 - Immunization Administration Through 18 Years Of Age Via Any Route Of Administration, With Counseling By Physician Or Other Qualified Health Care Professional; First Or Only Component Of Each Vaccine Or Toxoid Administered
  - ◇ 90461 - Immunization Administration Through 18 Years Of Age Via Any Route Of Administration, With Counseling By Physician Or Other Qualified Health Care Professional; Each Additional Vaccine Or Toxoid Component Administered (List Separately In Addition To Code For Primary Procedure).
- Effective for dates of service on or after January 1, 2012 the CPT code 15120 (Split-Thickness Autograft, Face, Scalp, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia, Hands, Feet, and/or Multiple Digits; First 100 sq. cm or Less, Or 1% Of Body Area Of Infants And Children (Except 15050)) can now be reported with the POS 23 (Emergency Room – Hospital).
- Effective for dates of service on or after January 1, 2012 the POS 23 (Emergency Room – Hospital) has been added to the CPT code 43249 (Upper Gastrointestinal Endoscopy Including Esophagus, Stomach, And Either The Duodenum and/or Jejunum As Appropriate; With Balloon Dilation Of Esophagus (Less Than 30 Mm Diameter).
- Effective for dates of service on or after December 1, 2012 the POS 12 (Home).can now be reported with the HCPCS code L6709 (Terminal Device, Hand, Mechanical, Voluntary Closing, Any Material, Any Size).
- Effective for dates of service on or after January 1, 2012 the CPT code 44955 (Appendectomy; When Done For Indicated Purpose At Time Of Other Major Procedure (Not As Separate Procedure) (List Separately In Addition To Code For Primary Procedure)) has been added to the POS 22 (Outpatient Hospital).
- Effective for dates of service on or after January 1, 2013 the CPT code 44970 (Laparoscopy, Surgical, Appendectomy) has been added to the POS 24 (Ambulatory Surgical Center).

- Effective for the dates of service on or after August 1, 2012 the POS 23 (Outpatient Hospital) has been added to the CPT code 47500 (Injection Procedure For Percutaneous Transhepatic Cholangiography).
- Effective for the dates of service on or after January 1, 2013 the POS 22(Outpatient Hospital) has been added to the CPT code 49326 (Laparoscopy, Surgical; With Omentopexy (Omental Tacking Procedure) (List Separately In Addition To Code for Primary Procedure)).
- Effective for the dates of service on or after January 1, 2013 the POS 11 (Office) has been added to the CPT code 78072 (Parathyroid Planar Imaging (Including Subtraction, When Performed); With Tomographic (Spect), And Concurrently Acquired Computed Tomography (Ct) For Anatomical Localization).
- Effective for the dates of service on or after January 1, 2013 the POS 22 (Outpatient Hospital) has been added to the CPT code 90474 (Immunization Administration By Intranasal Or Oral Route; Each Additional Vaccine (Single Or Combination Vaccine/Toxoid) (List Separately In Addition To Code For Primary Procedure)).
- Effective for the dates of service on or after January 1, 2012 the POS 31 (Skilled Nursing Facility) and 32 (Nursing Facility) have been added to the CPT code 94004 (Ventilation Assist and Management, Initiation of Pressure or Volume Preset Ventilators for Assisted or Controlled Breathing; Nursing Facility, Per Day).

### **Provider Type (PT)**

- Effective for the dates of service on or after January 1, 2012 the CPT code 27096 (Injection Procedure for Sacroiliac Joint, Anesthetic/Steroid, With Image Guidance (Fluoroscopy or Ct) Including Arthrography When Performed)) has been added to the PT 43 (Ambulatory Surgical Center).
- Effective for the dates of service on or after January 1, 2012 the PT E1 (Independent Testing Facilities) can now report the CPT code 78452 (Myocardial Perfusion Imaging, Tomographic (Spect) (Including Attenuation Correction, Qualitative Or Quantitative Wall Motion, Ejection Fraction By First Pass Or Gated Technique, Additional Quantification, When Performed); Multiple Studies, At Rest and/or Stress (Exercise Or Pharmacologic) and/or Redistribution and/or Rest Reinjection).

### **Revenue Codes**

- Effective for the dates of service on or after April 1, 2013 the revenue codes 0409 (Other Imag Svs) and 0619 (MRI -Other) have been added to the HCPCS code C9734 (Focused Ultrasound Ablation/Therapeutic Intervention).
- Effective for the dates of service on or after October 1, 2012 the revenue code 0636 (Drugs/Detail Coding) has been added to the following HCPCS codes:

Code	Description
J0744	Injection, Ciprofloxacin for Intravenous Infusion, 200 mg
J2250	Injection, Midazolam Hydrochloride, Per 1 mg
J1335	Injection, Ertapenem Sodium, 500 mg

